

**DEPARTMENT OF HEALTH SERVICES**

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320

(916) 322-1584



DATE ISSUED: January 31, 1996

CMSP LETTER: 96-4

To: All County Medical Services Program (CMSP) County Welfare Directors

Subject: REVISED CMSP NOTICE OF ACTION - CHANGE FROM RESTRICTED SERVICES TO FULL BENEFITS (FORM CMSP 239 Q, ENGLISH AND SPANISH VERSIONS)

This letter transmits two camera ready copies of the revised English and Spanish versions of the CMSP Notice of Action - Change From Restricted Services to Full Benefits (form 239 Q). Counties should use these camera ready masters to produce a prudent supply of these revised forms. Previous revisions of these forms should no longer be used.

If you have any questions about this letter please contact Ms. Genny Fleming of my staff at (916) 327-3867. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jim Martinez'.

Jim Martinez, Chief  
County Medical Services Program Unit

**Enclosures**

cc: Ms. Genny Fleming  
County Medical Services Program Unit  
Department of Health Services  
1800 3rd Street, Room 100  
P.O. Box 942732  
Sacramento, CA 94234-7320